



The 2nd Access Conference – a conference on Partnership in Disability

30 November – 2 December 2004

**Cape Town International Convention Centre
and Sheraton Grand Hotel
Cape Town
South Africa**

REGISTRATION DOCUMENT

**To register for the conference, and to secure your hotel
reservation, please complete and fax documentation to
+27 (0)21 683 0816**

FURTHER INFORMATION

CONFERENCE SECRETARIAT

TEL: +27 (0)21 683-6470

FAX: +27 (0)21 683-0816

Contact Person: Keith Burton

Email: keith@fastfunction.co.za

Website: www@access2004.co.za

ACCESS 2004 – CONFERENCE ON PARTNERSHIP IN DISABILITY REGISTRATION FORM

Please complete (print or type) and return to the Access Conference Secretariat (see details above)

1. DELEGATE DETAILS (To be completed by each individual delegate attending)

PARTICIPATING DELEGATE

Title: Surname: First Name:

Organisation / Company / Institution:

Full Postal Address:

City Postal Code / Zip Code Country:

Telephone Code (.....) Number Fax Code (.....) Number

E-mail

PERSONAL ASSISTANT / CARE ATTENDANT (if applicable)

Title: Surname: First Name:

2. REGISTRATION FEES

Description	Cost	Total
Full Conference Registration (Conference proceedings; lunch & refreshments; delegate bag and stationary; access to exhibition)	R1200 – Corporate R1050 – Government R550 – NGO Sector R350 – Person with Disability	R
Accompanying Person - Assistant (Lunch & refreshments; access to exhibition)	R150	R
Welcome Cocktail Function NB: Function is sponsorship dependant – to be confirmed	NO CHARGE Please indicate if you would attend	I will attend <input type="checkbox"/> I will not attend <input type="checkbox"/>
Gala Dinner Partners are invited - Rates are per Person – please indicate if partner attending: Partner Name: <input type="text"/>	R300 – Corporate / Government R200 – Government R200 – NGO Sector R150 – Person with Disability	Delegate R Partner R
TOTAL REGISTRATION FEES		R

3. ACCOMMODATION

The standard check-in time at most hotels is 15h00 and the check out time 11h00. We will endeavor to arrange earlier check-in / late departures however the only way to ensure early check-in or late departure is to book an additional night accommodation. Please reserve the following accommodation for me: (Price includes breakfast, 14% Vat but excludes the 1% tourism levy)

Hotel Selection (All in walking distance)	Rate per person per night (single)	Rate per room per night (sharing)	Check-in date	Check-out date	No. of Days	Total R
Cullinan Hotel	<input type="checkbox"/> R1220	<input type="checkbox"/> R1350				R
Holiday Inn Waterfront	<input type="checkbox"/> R1080	<input type="checkbox"/> R1329				R
City Lodge	<input type="checkbox"/> R687	<input type="checkbox"/> R902				R
Airport Shuttles can be arranged by contacting Flamingo Tours on Tel: 021-557 4496 or Email: flamingo@iafrica.com This cost to be borne by the booking delegate						
ACCOMMODATION TOTAL						R
Please request a smoking room for me (Y/N)						

Delegate Name

4. WORKSHOP SELECTION – 1st December

Event Session	Workshop Topic (Select only one topic per session)	Workshop Choice
(Select only one topic per session) Workshop Session 1	1. Social Assistance > Information & Support 2. Sport, Recreation, Arts & Culture 3. Training & Capacity building 4. Legislation Awareness – Unpacking Disability Legislation 5. Inclusive Education 6. Music Therapy (hosted by Marimba Jazz Café)	Please insert the number of your workshop choice <input type="text"/>
Workshop Session 2	1. HIV/AIDS and Disability 2. Public Awareness and Accessibility Guidelines 3. Protective Workshops as Economic Entities 4. National Disability Legislation – a Proposition 5. Practical Lessons & Success Stories	<input type="text"/>
Workshop Session 3	1. Independent Living 2. Tourism 3. Business Case for Disability 4. Accountability for Accessibility 5. Consumer's Rights	<input type="text"/>
Workshop Session 4	1. Health Care 2. Transport 3. Equity Initiatives 4. Access to the Law 5. Access to Full Citizenship	<input type="text"/>

5. SUMMARY OF PAYMENTS

Description	Total
Section 2 – Registration Fees (Participant & Accompanying Person/s; Social Options)	R
Section 3 – Accommodation (Hotel)	R
TOTAL AMOUNT PAID	R

6. METHOD OF PAYMENT

Please indicate below the type of payment you wish to make. It is important to indicate the delegate's name on the bank transfers and drafts to facilitate processing the registration. Bank charges are for delegate's own account, please ensure you transfer the correct funds.

Please indicate which type of payment will be making:

- Bank Transfer** - I have requested my bank to make an electronic transfer and will send you a copy of the documents
- Cheque (R)** - I have sent this to you via airmail
- Credit Card** - I authorise you to debit my credit card with the amount below

Bank transfer details - It is important to fax or post a copy of the transfer to
 The Access 2004 Secretariat
 Suite231, Private Bag x18,
 Rondebosch, 7701 FAX: +27 (0)21 683 0816
 Amount: R
 Date transfer sent / / 2004
 Ref. Number

Bank Account Details	
Bank:	First National Bank
Branch:	Rondebosch
Branch Code:	201-509
Account Holder:	Fastfunction
Account No:	62065884340

Credit card details – NB: PLEASE FAX COPY OF FRONT & BACK OF CARD FOR AUTHENTICATION

Card holder's name
 Card Number: _____ Visa/ MasterCard/ Amex/ Diners:
 Amount R Expiry Date: __ / __ / __
 CCV No.: __ __ __ (last three digits on the back of the card if available)
 Signature..... Date __ / __ / 2004

Delegate Name

7. DISABILITY & DIETARY REQUIREMENTS

Person with Disability:

Please indicate any special requirements or necessary accommodations:

.....
.....

Dietary – my requirements are:

Vegetarian

Kosher

Halaal

Other :

Please read the terms and conditions below:

CONFERENCE REGISTRATION TERMS AND CONDITIONS

- Registration will only be valid once all monies are paid
- All payments to be made payable to FASTFUNCTION
- All cancellations must be received in writing. Cancellations 90 days prior to the beginning of the conference will receive a full refund less a 10% administration fee. Cancellation between 90 and 30 days will be refunded 50% of the fees less the administration fees, if registration fees are outstanding the delegate will be liable for 50% of the conference fees. No refunds will be provided for cancellations and no shows within 30 days of the start of the conference and the delegate will be liable for the full conference fee.
- Returned registration forms will be acknowledged within 7 days
- Registrations are transferable to delegates not yet registered only if informed in writing

ACCOMMODATION TERMS AND CONDITION

- The standard check-in time is at 14h00 while check out is at 11h00. Where applicable we will request early check in/ late check-out however the only way to guarantee this is to book the room for an additional night
- The closing date for guaranteed accommodation is the 8th October 2004 after which bookings made will be subject to availability and will mean that you may not necessary stay at your first choice accommodation.
- All cancellations received in writing prior to 8th October2004 will receive a full refund less a 10% handling fee.
- Cancellations between 30 to 15 days prior to arrival will result in 50% of the difference in the value, from that of the original reservation; will be charged to the client. A cancellation 14 to 7 days prior to arrival will result in 75% of the difference in the value, from that of the original reservation, being charged to the client. Less than 7 days prior to arrival 100% of the difference in the value, from that of the original reservation, will be charged to the client.
- Failure to check into the hotel will result in the delegate being liable for the entire cost of the booking.
- Accommodation quoted is for bed and breakfast
- Rates quote include VAT at 14% but exclude the 1% tourism levy
- All additional accounts to be settled in Rands directly with the hotel
- The following is excluded from the rates:-
 - Laundry
 - Telephone Calls
 - Dinners
 - Room Service

CONFIRMATION OF REGISTRATION

I confirm that I have read and agree with the terms and conditions.

Signature Date.....